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**FACSIMILE TRANSMITTAL SHEET**

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**To:** Examiner DAVID J. MCCROSKEY, Group Art Unit 3736

**FIRM/COMPANY:** Mail Stop Non-Fee Amendment

**FACSIMILE NUMBER:** 703.872-9302

**CONFIRMATION**  
**TELEPHONE:** 703.305-1331

**FROM:** Ruth Der, Paralegal

**DIRECT DIAL:** 415.371.2231

**DATE:** April 12, 2004

**USER NUMBER:**

**FILE NUMBER:** Atty Docket No. R0367-00202, USSN 10/004,987

**TOTAL # OF PAGES:** 18  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is *Transmittal and Amendment And Response To Office Action Mailed 01/16/2004.*

**NOTE:** Original will not follow

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SF54027.1

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Burbank et al. ) Examiner: D. J. McCrosky  
For: METHODS AND APPARATUS FOR )  
SECURING MEDICAL INSTRUMENTS )  
TO DESIRED LOCATIONS IN A )  
PATIENT'S BODY ) Group Art Unit: 3736  
Serial No.: 10/004,987 )  
Filed: December 4, 2001 )  
Atty. Docket No.: R0367-00202 )

TRANSMITTAL

## CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (703) 872-9302 addressed to Examiner David J. McCrosky,  
at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
on April 13, 2004 in San Francisco, CA  
By: Patricia S.

Via Facsimile

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is the following:  
 Amendment and Response To Office Action Mailed 01/26/2004.
2. Claim Fee Calculation  
 No additional claim fee is required.  
 Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

Base or Prior Art	Fee	Claims	Examiner's Rate	Fee
Independent Claims	2201	10 - 9 =	1 x	\$43= \$ 43.
Total Claims	2202	43 - 42 =	1 x	\$9= \$ 9.

Total Claim Fees Due \$ -52.-

## 3. Payment of Fees Due

X The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00202. A duplicate copy of this transmittal is enclosed.

Respectfully submitted,

By: 

Edward J. Lynch  
Registration No. 24,422  
Attorney for Applicant

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of ) Examiner: D. J. McCrosky  
Burbank et al. )  
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SECURING MEDICAL INSTRUMENTS )  
TO DESIRED LOCATIONS IN A )  
PATIENT'S BODY )  
Serial No.: 10/004,987 )  
Filed: December 4, 2001 )  
Atty. Docket No.: R0367-00202 )**

**AMENDMENT AND RESPONSE**  
**TO OFFICE ACTION**  
**MAILED 01/16/2004**

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that these papers are being sent by facsimile to (703) 872-9302 addressed to Examiner David J. McCrosky,  
at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
on April 13 2004, in San Francisco, CA.  
By: AS

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on January 16, 2004, please amend the  
above-identified application as follows.